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NASC discussion 1/2/2019 re budget management initiatives

Present – MOH - Phil, Toni, Cameron, Gemma, Chris, Doug. NASCA Jan White, Reps from all NASC except OHB and Mana Whaikaha.

- Phil gave an overview of the current situation and what we would like NASC to achieve.
- Noted \$10m by end of financial year. Best we can by 30 June 2019.
- Allocate target across NASC based on annual budget.
- Ensuring one group alone is not impacted.
- Forecast deficit of around \$90m nationally.
- Noted other areas being targeted as well.
- Phil talked about the Residential services and the Community based services and the ability to impact each.
- Need to look at both Residential and Community but acknowledge biggest impact NASC likely to make initially is in the community area.
- Phil noted the wider sustainability plan and staff introduced to support the work which have been reprioritised from with the DSS team.
- Phil asked for a plan from each NASC about how they will look to address the matter at hand by Friday 8 Feb.

Opened to meeting for comment/questions.

What's coming out setting the scene?

Communications strategy being developed to be clear that approach is being directed by MOH. Levels of communication – high level across sector. Then detailed comms around each of the 5 project plans.

Noted that talking about up to June 2019 but there is a need for this to continue into the next year and beyond. So need to think Short – medium – Long term.

When should NASC be engaging – do we need to wait for annual review?

No, now should be targeted and prioritised over this period of time where gains may be able to be made.

Question is SPA a good benchmark? Acknowledged some changes may be needed to update for PE pricing but it is equitable across all clients so we shouldn't need to adjust for this exercise alone.

How will we deal with increasing client load as this is a significant driver of increasing costs?

Acknowledged but at present we won't be changing eligibility. May need some thresholds and the MOH may need to consider this further. Noted ASD and child development referrals with ASD are noted as a big driver of new referrals.

What about I-Choose? This is something we will likely delay. But yet to be fully confirmed.

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What about System Transformation? Separate approach but same messages need to be given to sector so important they are part of this.

Reviews – can NASC do short term rollovers to allow focus on priority areas? This needs to be considered client by client but the answer is Yes generally as a short term measure.

How soon can MOH get the communications out? Being worked on now and this needs to be ready to go before things start happening on the ground.

Will letter go out to effected clients? On MOH letter head – would be a standard comms that could accompany the new service coordination where changes have occurred due to funding prioritisation.

Socrates needs to be updated to support this. Noted that would not be possible in the timeframe. DSL noted that rollout of 2 year reviews and a draft letter to support rollover reviews which may help. With NASCA for comment before put into Socrates.

How do we measure what we save? The MOH are developing some more reporting based on allocations. To show changes over time – likely monthly. This will help give NASC evidence to support actions and information to explain how things are developing. To ensure we capture changes as soon possible service co-ordinations need to be entered into Socrates as quickly as possible when changes are made.

What's the MOH position on creating new services in this environment? Issue that we can find residential services so not necessarily the service availability its more about determining the most cost effective option, and prioritised including on best value for money. So issue is more about provider demands when a person enters the service.

NASC – so can MOH messages be more focused on provider behaviour and NASC being targeted when a person needs to enter Residential care? Noted work being done currently by NASC to ensure only people that need residential are prioritised.

What about resources? The Ministry will look to support as best it can with additional resources but this limited based on the current environment. Reprioritising internal resources is the first option - please include any additional resources.

When will the amounts of money each NASC must be saved? Coming within week.

Other Points raised

- Advised that we will send out notes from focus group meetings the MOH has been having with NASCA. NASC Managers may want to get together to share ideas around approach to achieve the savings
- Thinking about savings plan implementation with 2 weeks. But other projects are likely to be delayed due to additional actions. Requires final signoff. But NASC should

start the planning and get the plan together and sent in to the MOH – Phil.
Timeframe – within two weeks but preferable by end of next week.

- Pressure from OT around children and expectations of moving people to residential at 17 years old? Messages needed for them.
- Need to address BSS waiting list as this is driving up community based services? We need the evidence to show that BSS is actually reducing need for this project.
- Noted ability of NASC to make rollover reviews is not a simple as saying it can be done. Socrates doesn't support this well. Toni asked for issues to be noted in plan to come in.

Please keep conversation to NASC at this time as there needs to be lead comms to sector before action starts.

Actions

ACTION	WHO	BY WHEN
Plan from each NASC on approach being taken to achieve savings	NASC	8 Feb
Support to help NASC – include requirements in plan, indicating what support is needed and MOH will consider nationally around what might be an equitable way to go.	NASC	8 Feb
MOH confirm approval to Go-live	MOH	Week of 4 Feb
Savings by NASC communicated	MOH	8 Feb
Ministry to forward notes from Focus Group meetings to NASCA Chair	MOH	4 Feb
NASC Managers may consider getting together to share ideas around approach to achieve the savings	NASCs	Week beginning 4 Feb